PTO/SB/80 (11-08)
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Practitioners associated with the Customer Number					23377					
OR								J		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
	Name			Registration Name			lame			
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with										
any and all patient applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).										
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:										
The analysis of the analysis o										
The address associated with Customer Number: 23377										
OR '	he address as	th Customer Number:		20	377					
C/R										
Individual Name										
Address										
City										
· .				State				Zip		
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Telephone					-	Email				
						Linea .				
Assignee Name and Address:										
TCS Commercial, Inc. 2350 Corporate Park Drive, Suite 500										
Herndon, Virginia 20171										
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be										
I filled in each application in which this form is used. The statement under 27 CEP 2 73/b) may be completed by one of										
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the agriculture.										
and must identify the application in which this Power of Attorney is to be filed.										
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
Signature Date 3-3/-/							10			
Name	Kenneth	A. Kops					Telepho	ne 20% -53	7.42 23	
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